

The Australian Society
for **Microbiology**



bringing Microbiologists together

ABN 24 065 463 274

Application for Senior Associate Membership - SASM

Address for Correspondence:

Title: _____
First Name: _____
Surname: _____

Business:

Company: _____
Position: _____
Department: _____
Address: _____
State: _____ Postcode: _____
Country: _____
Phone: _____ Fax: _____
Email: _____

Home:

Address: _____
State: _____ Postcode: _____
Country: _____
Phone: _____ Fax: _____
Email: _____

Nominate your choice of address for correspondence: Business / Home (please circle)

I _____ being an Associate Member of
The Australian Society for Microbiology Incorporated, herewith apply for admission to Senior Associate
Membership of the Society. I accept that the decision of the Society on this application is final, but note that
such decision need not prejudice any subsequent application.

Applicant's Signature: _____
Date: _____

Application for Senior Associate Membership - SASM

Referees: (Both must be a MASM or FASM Financial Member)

I submit the names of two referees who have personal knowledge of my work and who have agreed to act in this capacity.

Referee 1:

Name: _____
Address: _____
State: _____ Postcode: _____
Country: _____
Phone: _____ Mobile: _____
Email: _____
Signature: _____

By acting as a referee, I am confirming that I have knowledge of the applicant's microbiological work experience and that they have satisfactorily completed two years of postgraduate full time employment, or its equivalent, as a professional practising microbiologist

Referee 2:

Name: _____
Address: _____
State: _____ Postcode: _____
Country: _____
Phone: _____ Mobile: _____
Email: _____
Signature: _____

By acting as a referee, I am confirming that I have knowledge of the applicant's microbiological work experience and that they have satisfactorily completed two years of postgraduate full time employment, or its equivalent, as a professional practising microbiologist

SUBSCRIPTIONS RATES

Applicable from 1 July 2012 to 30 June 2013

MEMBERSHIP TYPE	FEE
Associates	\$185.00 per annum (inclusive of GST)

All fees listed are inclusive of GST. Fees apply for the period 1 July 2012 to 30 June 2013

Payment Options:

(a) Cheque/money order enclosed for \$.....

(b) Charge my **Visa OR MasterCard**/...../...../.....

Expiry Date.....Amount \$.....

Cardholder's Name.....

Cardholder's Signature.....

Nominate your Area of Interest

The National Scientific Advisory Committee requests that each member nominate their area of interest. It is important that you complete this nomination so that the Committee is able to utilise the information for planning of Scientific Meetings.

Division 1

Medical &
Veterinary
Microbiology

Division 2

Virology

Division 3

General,
Applied and
Environmental
Microbiology

Division 4

Microbial Genetics,
Physiology and
Pathogenesis

- | | | | |
|--|-----------------------------------|--|---|
| <input type="checkbox"/> Antimicrobials | <input type="checkbox"/> Virology | <input type="checkbox"/> Aqua SIG – Water | <input type="checkbox"/> Molecular Microbiology |
| <input type="checkbox"/> Mycobacteria | | <input type="checkbox"/> Cosmetic & Pharmaceuticals | |
| <input type="checkbox"/> Mycology | | <input type="checkbox"/> Culture Media | |
| <input type="checkbox"/> Mycoplasmatales | | <input type="checkbox"/> Education | |
| <input type="checkbox"/> Ocular Microbiology | | <input type="checkbox"/> Food Microbiology | |
| <input type="checkbox"/> Parasitology & Tropical Medicine | | | |
| <input type="checkbox"/> Public Health Microbiology | | <input type="checkbox"/> Microbial Ecology | |
| <input type="checkbox"/> Clinical Serology & Molecular | | <input type="checkbox"/> Probiotic & Enteric Microbial Diversity | |
| <input type="checkbox"/> Veterinary Microbiology | | <input type="checkbox"/> Student | |
| <input type="checkbox"/> Women’s & Children’s Microbiology | | | |

Pre-Requisites:

Members eligible to apply to become a Senior Associate are Associate Members who:

- Have completed the requirements of an Academic Qualification in Microbiology at Diploma Level or alternative qualifications acceptable to National Council; and
- Have satisfactorily completed five (5) year appropriate full-time employment, or its equivalent, after completion of their academic qualifications, as a practicing microbiologist.

Supporting Documents:

The following documents must accompany this application. Please tick to indicate the documents are attached:

- Curriculum Vitae which should include, if applicable, details such as:
 - Microbiology content of Under-Graduate courses
 - Title and Abstract of Thesis
 - Job Appointments and Work Experience
 - Current Duty Statement as a practicing microbiologist
 - List of publications and presentations

- Academic Records – If you have graduated within the past five (5) years you must provide:
 - Copies of official Academic record/s

If you have graduated more than five (5) years ago, you must provide:

- Copies of Award Certificates or
- Statutory Declaration detailing the Award/s, Conferencing Institution/s and Date/s conferred

- Any other supporting evidence

Send to:

Membership Services

The Australian Society for Microbiology Inc
 PO Box 375 South Melbourne, VIC, Australia 3205

Fax: 1300 655 841 Email: admin@theasm.com.au Website: www.theasm.org.au